

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28735

1. PLACE OF DEATH
 7 County Bates Registration District No. 53
 Township New Home Primary Registration District No. 5084
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Arleen Davis
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't Know</u>		
7. AGE	YEARS <u>00</u>	MONTHS <u>Don't Know</u>
		DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>		
FATHER	13. NAME <u>Don't Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
MOTHER	15. MAIDEN NAME <u>Don't Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT <u>F. J. Butler</u> (ADDRESS) <u>Butler mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>mo</u> PLACE <u>Sept Bolivar</u> DATE <u>Sept 22 1933</u>		
19. UNDERTAKER <u>Arleen</u> (ADDRESS) <u>Butler mo.</u>		
20. FILED <u>Sept 22 1933</u> <u>James J. Allen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1933 to Sept 21 1933
 I last saw him alive on Sept 21 1933: Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
82A
 Other contributory causes of importance: 82

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) F. J. Butler, M. D.
 (Address) Butler

Number:

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